

What does the transition to HIDE SNP mean for my provider organization?



The District's Medicaid program has announced that it intends to move toward a fully managed care delivery system in the next several years. This goal is fueled by a vision for a health care system that provides whole-person care and ensures value and accountability in the Medicaid program. The DC Department of Health Care Finance (DHCF) is already taking significant steps to achieve this goal, and many of these changes will be felt by the entire Medicaid stakeholder community. It is critical that our provider partners stay well-informed, plan for changing processes, policies, and operations, and prepare to guide Medicaid beneficiaries in their care through these changes.

What changes are happening, and who among the patients in my care will be affected? Effective October 1, 2020, the District's Medicaid managed care program covered new populations which historically have not been enrolled in managed care plans. These included individuals who are elderly or disabled who are not also covered by Medicare and who do not meet Medicaid institutional level of care criteria (i.e., individuals who are living in a long-term care institution or enrolled in one of the District's 1915(c) home and community-based services waiver programs). Individuals who are currently covered by Medicare or who meet level of care criteria were not automatically or mandatorily enrolled in Medicaid managed care coverage. Effective January 1, 2022, the District will expand its existing dual special needs plan (D-SNP) program into a highly integrated dual eligible special needs plan (HIDE SNP) program, which will result in better integration of Medicare and Medicaid benefits for those electing to enroll in this program. This includes capitation of Medicaid benefits – or delegation of comprehensive coverage of services under a per-member, per-month payment – under the HIDE SNP plan, including things like dental, hearing, and vision benefits, as well as long-term services and supports.

Why is the District doing this? How do these Medicaid beneficiaries benefit from this change? Many individuals in our historically fee-for-service population have not had comprehensive care coordination through the program, and yet often are those who might benefit the most from such a service. This is particularly true of dual eligibles, who may experience greater fragmentation of care across their joint Medicare and Medicaid coverage. The District expects to improve health outcomes through more comprehensive care coordination, deduplication of services, and integration of primary and specialty care for this vulnerable population.

What should I do? How will this affect my organization? If you wish to continue serving Medicaid beneficiaries who are dually eligible, your provider organization should explore partnership with the Medicare Advantage plans participating in the D-SNP market. The District expects to select the 2022 participants in the HIDE SNP program in fall 2021, but plans and providers can and should begin navigating relationships now. The District expects to implement continuity-of-care measures to ensure beneficiaries can choose to continue working with providers through a transition period, and to support that, DHCF expects plans will be required to honor current beneficiary-provider relationships, authorizations, and rates. This transition period will also allow providers and plans to develop a working relationship to continue partnering after the transition period ends.

Will DHCF still pay my claims? For individuals enrolled in a Dual Choice (HIDE SNP) health plan, that health plan will pay claims for services, issue authorizations for services, and coordinate care for enrolled beneficiaries. That can include assisting with Medicaid reenrollment, coordinating with the individual's physicians and other providers, and other support. For individuals not enrolled in a health plan, DHCF will continue to authorize and reimburse services.

What else can we do to prepare for these transitions? Analyze your patient census; identify those likely to be affected (i.e., Medicare-covered individuals already enrolled in D-SNP, individuals who are duals who may benefit from increased care coordination). Reach out to existing D-SNP health plans, make connections, and learn more about their models of care. Attend provider meetings and other public meetings convened by DHCF. Engage with beneficiaries around notifications they receive and explain continuity of care provisions.

Contact our D-SNPs: TotalCare@healthspring.com or DSNPCompliance@cigna.com for Cigna
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